

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 3

2. STATE:

NV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

4/1/2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(10)(i)(IV) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ FPL increase  
b. FFY 2002 \$ FPL increase

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6A, pg 1  
Supplement 1 to Attachment 2.6A, pg 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6A, pg 1  
Supplement 1 to Attachment 2.6A, pg 6

10. SUBJECT OF AMENDMENT:

Year 2001 federal poverty level

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Charlotte Crawford

14. TITLE:

Director, DHR

15. DATE SUBMITTED:

16. RETURN TO:

John Liveratti, Chief  
Program Services  
Nevada Medicaid  
2527 North Carson St  
Carson City, NV 89706-0113

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

April 4, 2001

18. DATE APPROVED:

4/9/01

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Loren Fuller for

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$ 459.	\$ 229.	N/A
2	579.	288.	N/A
3	699.	348.	N/A
4	819.	408.	N/A
5	939.	468.	N/A
6	1,059.	527.	N/A
7	1,179.	587.	N/A
8	1,299.	647.	N/A

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

X 133 percent \_\_\_\_\_ percent (no more than 185 percent)  
(specify)

<u>Family Size</u>	<u>Income Level</u>
1	\$ 952.00
2	1,287.00
3	1,621.00
4	1,956.00
5	2,291.00

TN No. 01-03  
Supersedes  
TN No. 00-02

Approval Date APR 9 2001

Effective Date 04/01/01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of Section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official federal income poverty level:

Eff. Jan 1, 1989: 85 percent      percent (no more than 100)

Eff. Jan 1, 1990: 90 percent      percent (no more than 100)

Eff. Jan 1, 1991: 100 percent

Eff. Jan 1, 1992: 100 percent

b. Levels:

<u>Family Size</u>	<u>Income Level</u>
1	\$716.00
2	N/A

TN No. 01-03  
Supersedes  
TN No. 00-02

Approval Date APR 9 2001

Effective Date 04/01/01